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Approved for use through 10/31/2002 OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional application under 37 CFR 1.53(b))</i>		Attorney Docket No.: <i>First Named Inventor:</i> Title: Express Mail Label No.:	1708-13 COCKER ET AL. SAFETY DEVICE WITH TRIGGER MECHANISM EV171218595US
APPLICATION ELEMENTS <i>See MPEP chapter 6000 concerning design patent application contents</i>		ADDRESS TO: Commissioner for Patents <i>P.O. Box 1450</i> <i>Alexandria, VA 22313-1450</i>	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification <i>[Total Pages 9]</i> <i>(preferred arrangement set forth below, MPEP 1503.01)</i> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (37 CFR 1.152) <i>[Total Sheets 6]</i> 5. <input checked="" type="checkbox"/> Oath or Declaration UNSIGNED <i>[Total Pages 2]</i> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) a. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b)</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS) <i>PTO-1449</i> <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) <i>Applicant must attach form PTO/SB/35 or its equivalent.</i> 17. <input checked="" type="checkbox"/> Other: <i>PTO-2038 Form</i>			
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i> or <input checked="" type="checkbox"/> Correspondence address below			
Name	Galgano & Burke		
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Signature	November 19, 2003		

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U.S. PTO

FEE TRANSMITTAL
FOR FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision

 Applicant claims small entity status.
See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Application Number:

Filing Date:

First Named Inventor:

Examiner Name:

Group Art Unit:

Attorney Docket No.:

Complete If Known

COCKER ET AL.

1708-13

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None Deposit Account:

Deposit Account Number: 07-0130

Deposit Account Name: Galgano & Burke

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below
 Credit any overpayments
 Charge any additional fee(s) during the pendency of this application except for publication and issue fees
 Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	\$770.00
1002	340	2002	170	Design filing fee	_____
1003	530	2003	265	Plant filing fee	_____
1004	770	2004	385	Reissue filing fee	_____
1005	160	2005	80	Provisional filing fee	_____

SUBTOTAL (1) (\$ 770.00)

2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 5	20**	= 0 x 0 = 0
Independent Claims 1	3**	= 0 x 0 = 0

Multiple Dependent _____ = _____

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater;
For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing	_____
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	_____
1053	130	1053	130	Non-English specification	_____
1805	2520	1812	2520	For filing a request for ex parte reexamination	_____
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	_____
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	_____
1251	110	2251	55	Extension for reply within first month	_____
1252	420	2252	210	Extension for reply within second month	_____
1253	950	2253	475	Extension for reply within third month	_____
1254	1480	2254	740	Extension for reply within fourth month	_____
1255	2010	2255	1005	Extension for reply within fifth month	_____
1401	330	2401	165	Notice of Appeal	_____
1402	330	2402	165	Filing a brief in support of an appeal	_____
1403	290	2403	145	Request for oral hearing	_____
1451	1510	1451	1510	Petition to institute a public use proceeding	_____
1452	110	2452	55	Petition to revive - unavoidable	_____
1453	1330	2453	655	Petition to revive - unintentional	_____
1501	1330	2501	655	Utility issue fee (or reissue)	_____
1502	480	2502	240	Design issue fee	_____
1503	640	2503	320	Plant issue fee	_____
1460	130	1460	130	Petitions to the Commissioner	_____
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	_____
1806	180	1806	180	Submission of Information Disclosure Stmt	_____
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	_____
1809	770	2809	385	Filing a submission after final rejection (37 CFR §1.129(a))	_____
1810	770	2810	385	For each additional invention to be examined 37 CFR §1.129(b))	_____
1801	770	2801	385	Request for Continued Examination (RCE)	_____
1802	900	1802	900	Request for expedited examination of a design application	_____

Other fee (specify) _____

SUBTOTAL (3) (\$ _____)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

COMPLETE (if applicable)

Name (Print/Typ) Thomas M. Galgano

Registration No. 27,638

Telephone : 631-582-6161

Signature

Date November 19, 2003

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